

Enuresis Top Tips

Primary Nocturnal Enuresis (child has never been consistently dry)
Secondary Nocturnal Enuresis (dry for 6 months then start wetting)
Diurnal Enuresis (day and night wetting)

Age : Children Aged 5-16

History: Pattern/Frequency/Bowel habits/PMH

Consider assessment/investigations and/or referral with H/O recurrent UTI or co-morbidities (Diabetes, developmental problems, neurological problems etc)

Consider psychological problems (Abuse, trauma at school/home, birth of a younger sibling etc)

Refer all children with day time symptoms to enuresis clinic

Provide Advice:

Reassurance. Emptying the bladder at bed time, avoid tea/coffee/fizzy drinks. Toilet if child wakes at night but do not wake child deliberately. Age appropriate reinforcement schedules (e.g star chart focusing on compliance of toileting before bed, increasing day time drinking, regular daytime toileting, using the toilet if they wake up at night and helping change sheets etc)

1st Line Treatment: (if child does not respond to advice as above)

Enuresis Alarm – Refer to School Nurse for Provision of Alarm

Assess response to alarm by 4 weeks:

- If signs of response continue using alarm for 3 months. If good response after 3 months (14 consecutive dry nights) discontinue treatment. If relapse occurs consider further trial for 3-4 months
- If child is not dry for 14 consecutive nights after 3 months consider stopping treatment
- Discontinue alarm if no response at 4 weeks

2nd Line Treatment: (if child does not respond to alarm as above)

Desmopressin and alarm

Desmopressin alone

- Initial dose: 0.2mgDesmopressin/Desmomelt 120 microgram once daily before bedtime. May be increased to 0.4mg/ 240 microgram as necessary.
- If good response at 4 weeks continue treatment for 3 months.
- Withdraw treatment for 1 week every 3 months to check if dryness has been achieved.
- Taper off treatment

NB: Desmopressin can be used as a short term 1st line treatment for sleep overs/school trips etc

If no/poor response to above – refer to Enuresis Clinic

Approved at SCE September 2015

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